

CHAPTER 13

LAUNDRY DIVISION

STANDARD OPERATING PROCEDURES

500 BED FLEET HOSPITAL

TABLE OF CONTENTS

<u>TOPIC</u>	<u>PAGE</u>
A. MISSION	1
B. FUNCTIONS	1
C. PHYSICAL DESCRIPTION	1
D. SPECIAL CONSIDERATIONS	1
E. WORKLOAD	1
F. ORGANIZATION	1
1. RESPONSIBILITY	1
2. ORGANIZATION CHART	2
3. STAFFING	2
4. ASSIGNMENTS BY BILLET SEQUENCE NUMBER	2
5. WATCH BILL	2
6. SPECIAL WATCHES	2
G. TASKS	2
H. STANDARD OPERATING PROCEDURES	8
I. CLINICAL POLICIES GUIDELINES	8
J. STANDARDS AND JOB DESCRIPTIONS	8
K. DOCUMENTATION	
1. REFERENCES	8
2. FORMS	8

500 BED FLEET HOSPITAL
STANDARD OPERATING PROCEDURES
LAUNDRY DIVISION

A. **MISSION:** Provide hospital and staff laundry services.

B. **FUNCTIONS:**

1. Receive, launder and issue soiled hospital linens.
2. Receive, launder and return staff clothing and linens.

C. **PHYSICAL DESCRIPTION:**

1. Location within complex:
2. Sheltering.

Type: Maintenance Tents

Quantity: Three

3. Material.

IOL: LX1A,B,E,F,G,I,J,K,N,P;
LX2A,B,E,F,G,I,J,K,N,P;
LX3A,B,E,F,G,I,J,K,N,P;
LXF1,2,3

D. **SPECIAL CONSIDERATIONS:**

???1. Limited to three ABFC facility 730 40H laundry units with a 100 lb. capacity per hour per laundry unit.???

E. **WORKLOAD:**

1. 26,000 pounds of medical laundry/week.
2. 11,000 pounds non-medical laundry/week.

F. **ORGANIZATION:**

1. Responsibility. The Head, Laundry Division, reports to the Head, Operating Management Service, and is assigned overall management responsibility.

2. Organizational Chart.

Chief, Administration Services
Head, Operating Management Services
Personal Services Manager
Laundry Supervisor (AM) Laundry Supervisor (PM)

3. Staffing.

(a) Criteria:

(1) Ratio of staff/bed/unit/module required.

(2) Special qualifications required.

(b) Staffing Pattern: Two 12 hour watches.

<u>Personnel</u>	<u>AM Watch</u>	<u>Total Night Watch</u>	<u>Assigned</u>
Laundry Supervisor (SH1)	1	-	1
Laundry Worker (SH2)		1 1	2
Pers. Services (SH2)	1	-	1
Laundry Worker (SH3)	-	1	1
Pers. Services (SH3)	-	1	1
Laundry Worker (SHSN)	1	1	2
Linen Control (SHSN)	1	-	1

4. Assignments by Billet Sequence Number B: See TAB A, page 9.

5. Watch Bill: See TAB B, page 10.

6. Special Watches: N/A.

G. **TASKS:**

TASK	METHOD
1. ESTABLISH OPERATING LAUNDRY	1.1 The laundry supervisor will conduct an inventory of equipment and consumable supplies reporting

shortages or
equipment
deficiencies to
the Head, Personal
Services Division.

1.2 The Laundry
Division will
perform all
necessary initial
preventive
maintenance (i.e.,
inspect/install
lint screens, check
water filters) and
run
the equipment
through one
complete wash and
dry cycle to
verify its proper
operation in
accordance with
technical manual.

1.3 The Head, Personal
Services Division
will establish
the
definitive watch
bill and initiate
the Laundry Work
Logs and Laundry
Equipment
Maintenance Logs
per
Chapter 6 of SH3
and 2, NAVEDTRA
414-01-45-81
(Samples at TABS F-
2 and F-3).

1.4 The Head, Personal
Services
Division will
establish a twice
weekly laundry
schedule for the
hospital staff and
a daily pick-up and
delivery schedule
for hospital and
patient laundry.

Personal staff
linen shall be
delivered to the
Billeting Office by
the individual.

1.5 The stored linen
shall be
inventoried,
laundered and
delivered to the
CSR's and
applicable work
areas.

1.6 Chief,
Administration
Services shall
make a 5-ton truck
available to
the Laundry
Division for pick-
up and delivery of
hospital laundry.

2. PICK-UP AND DELIVERY OF LAUNDRY

will
stenciled,
sorted and delivered
by each individual
in closed net bags
directly to the

2.1 Staff laundry
less linen
be

Laundry. Clothing
will be laundered
in the net bags and
returned two days
later.

2.2 Hospital laundry
shall be bagged by
designated ward
petty officers and
taken to
collection points
designated in TAB
C-2 for pick-up by
Laundry Division.

2.3 Laundry Division
personnel shall
pick-up bulk
bagged

laundry between
0800 and 0900
daily from the
specified
collection points.

2.4 Assigned Laundry
Petty Officers
shall submit clean

linen/laundry
requirements for
the next day with
the soiled items
using the locally
prepared form at
TAB F-1.

2.5 Contaminated
laundry shall be
processed in
accordance
with the procedures
in TAB C-1.

2.6 Emergency pick-ups
and issues will
be handled on a
priority
basis as
established by
Chief, Operating
Management
Services.

3.1 LAUNDRY OPERATIONS

laundry by
type, color,
source and

3.1 Laundry Division
will sort fabric
and
process it through
the laundry in
accordance with
Technical Manual.
Maximum capacity
for the washer is
185 pounds.

3.2 Using the requests
for clean linen /
laundry and the
current

inventory, the
Laundry
Supervisor will
schedule the
division work to
ensure meeting
operational
requirements.

3.3 Laundry Division
personnel shall
perform required
preventive
maintenance on
the laundry
equipment and
cycle the laundry
in
accordance with
Technical Manual.

3.4 The Laundry
Supervisors shall
update the
Laundry
Work Logs and
Equipment
Maintenance Logs
on a daily basis
(TABS F-2 and F-3).

3.5 Contaminated
laundry shall be
processed in
accordance with
procedures in TAB
C-1.

3.6 Laundry Division
shall maintain
work spaces in a
sanitary, non-
hazardous
condition.

3.7 The daytime Laundry
Supervisor shall
inventory all
consumable
supplies
and request
replenishment

through the
Fiscal/Supply
Department using
NAVSUP 1250-1s IAW
Chapter 10.

3.8 The night Laundry
Supervisor shall
inventory all
clean hospital
linens/
laundry. This
inventory shall be
used to determine
priorities for the
next day's
activities and
replenishment
requirements for
torn or missing
linens.

4. STAND DOWN THE LAUNDRY

all
linen /
laundry for final

4.1 Laundry Division
shall collect
hospital

processing.

4.2 All hospital linen
/laundry will be
cleaned and
inventoried
prior to storage.
The results
of the
inventory shall be
reported to Head,
Operations
Management.
Services for
replenishment
decisions.

4.3 All staff and
patient laundry in
process will be
completed and
returned.

4.4 A final inventory
will be made of
all consumable and

the results
reported to
Head, Personal
Services Division
for re-order
determination.

4.5 The Equipment
Maintenance Logs
will be packed
with
the equipment to
document run time
and problems.

4.6 Laundry Division
Personnel shall
perform final
preventive
maintenance
prior to releasing
the equipment to
Public Works.

4.7 Laundry Division
will pack all
consumable into
the
designated shipping
containers.

- H. **STANDARD OPERATING PROCEDURES:** See TAB C, page 11.
- I. **CLINICAL POLICIES/GUIDELINES:** N/A.
- J. **STANDARDS AND JOB DESCRIPTIONS:** See TAB D, page 21.
- K. **DOCUMENTATION:**
1. References See TAB E, page 26.
2. Forms See TAB F, page 27.

TAB A

ASSIGNMENTS BY BILLET SEQUENCE CODE

Department: LAUNDRY DIVISION

			Rank/	
Watch				
<u>Billet Number</u>	<u>Title</u>	<u>Designator</u>	<u>Rate</u>	<u>Bill</u>
17119	Laundry Supervisor	0000/SH	E-6	1
17139	Laundry Worker	0000/SH	E-5	1
17142	Laundry Worker	0000/SH	E-5	2
17279	Personal Services	0000/SH	E-5	1
17159	Laundry Worker	0000/SH	E-4	2
17299	Personal Services	0000/SH	E-4	2
17179	Laundry Worker	0000/SH	E-3	1
17181	Laundry Worker	0000/SH	E-3	2
17199	Linen Control	0000/SH	E-3	1

TAB B

WATCH BILL FOR LAUNDRY DIVISION

Section	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S
	A	A	A	A	A	A	D	P	P	P	P	P	P	*	A	A	A	A	A	A	D
	P	P	P	P	P	P	*	A	A	A	A	A	A	D	P	P	P	P	P	P	*

KEY:

A = 0700-1900.

P = 1900-0700.

E = Excused.

D = Duty 0700 - 1900 (On call during PM shift unless workload dictates otherwise).

* = Call (On call both AM and PM shifts unless workload dictates otherwise).

TAB C
STANDARD OPERATING PROCEDURES
INDEX

<u>NUMBER</u>	<u>TITLE</u>	<u>PAGE</u>
C-1	Handling and Laundering of Contaminated Laundry	12
C-2	Pick-up and Delivery of Hospital Laundry	14
C-3	Hazardous Waste	15

TAB C-1

PROCEDURE FOR HANDLING AND LAUNDERING CONTAMINATED LINENS

A. **PURPOSE:** The Combat Zone Fleet Hospital will generate a significant amount of contaminated linen within the operating rooms and treatment wards. These items will require special handling and laundering to prevent the spread of infection.

B. **DEFINITION:** Contaminated laundry is defined as those items requiring special disinfection and laundering to preclude the spread of infection.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:**

1. Chlorine bleach solution.
2. Latex gloves.

D. **CRITERIA:** N/A.

E. **STEPS:**

1. Hospital ward personnel will bag contaminated laundry separate from regular laundry. Gloves are to be worn when handling contaminated laundry.

2. Contaminated laundry will be receipted by the Linen Control Clerks and delivered to the laundry.

3. At the Laundry all contaminated laundry will be segregated from that requiring only routine processing.

4. Based on the next day's requirements and current inventory the contaminated laundry will be assigned a processing priority.

5. The contaminated laundry will be processed as follows:

(a) Presoak the contaminated laundry for 60 minutes in a chlorine solution of 50 ppm.

(b) Wash the linen in hot water using a normal cycle.

6. Once laundered these items will be placed in inventory for re-issue.

F. **RESPONSIBILITY:**

The Head, Environmental Health Department is responsible for routinely monitoring the handling and laundering of contaminated items to preclude the spread of infections.

CAUTION: Extreme care must be taken to avoid contact with the contaminated laundry to prevent the spread of infection to laundry and other hospital personnel.

TAB C-2

PROCEDURE FOR PICK-UP AND DELIVERY OF HOSPITAL LAUNDRY

A. **PURPOSE:** It will be logistically impossible to pick up and deliver laundry at each individual ward and CSR. Therefore, this procedure establishes central collection points and the methodology for preparing laundry for turn-in.

B. **DEFINITIONS:** N/A.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:**

1. Canvas laundry bags.
2. Request for clean linen/laundry.

D. **CRITERIA:** N/A.

E. **STEPS:**

1. Designated Laundry Petty Officer will:
 - (a) Set up laundry bags, tagging one for bed linen, one for clothing (including patient clothing), and one for contaminated laundry.
 - (b) Daily at 0800, take the soiled laundry to the nearest Clinical Work Space along with a request for the next day's linen/laundry supply.
 - (c) Distribute cleaned patient clothing.
2. Linen Control Clerks will:
 - (a) Pick-up and receipt for hospital laundry at each Clinical Work Space.
 - (b) Collect requests for clean linen/laundry.
 - (c) Fill requests submitted the previous day and return cleaned patient clothing.

TAB C-3

HAZARDOUS WASTE

A. **PURPOSE:** To provide guidance for the collection, handling and disposal of hospital generated wastes which have contacted living organisms or may otherwise be considered infectious or hazardous.

B. **DEFINITION:**

1. Background: The operation of health care facilities creates waste materials, some of which are hazardous. A subset of hazardous waste is infectious waste; proper handling of infectious waste is mandatory, to prevent spread of infectious diseases. The methods of handling infectious waste, from its generation to its ultimate disposal, must be adhered to strictly by all hands, without exception.

2. Relationship with Host Nations: It is anticipated that the hospital will be operating, in a wartime or conflict mode, on foreign soil. Close liaison with force planners during the pre-deployment planning phase is essential for the hospital command to determine host nation requirements for handling, storage and disposal of infectious hazardous wastes.

Whenever possible, agreements and/or contracts with host nations should be secured for the incineration or sanitary burial of wastes in accordance with the host nation's regulations. During peacetime exercises on U.S. soil, adherence to federal, state and local environmental laws and regulations, partially listed in Appendix A, shall be strictly enforced.

3. Categories of Hospital Generated Waste: It must be clearly understood that the field hospital will generate four distinct categories of waste. Each type will require special handling procedures from generation to disposal. These categories are:

(a) Infectious waste - generated in patient contact, laboratory and surgical areas.

(b) Hazardous waste - usually chemical in nature and generated in the Laboratory, X-ray and Public Works department.

(c) Infectious hazardous waste - generated in the laboratory.

(d) Non-infectious waste - generated in all areas of the hospital.

4. Definitions.

(a) Infectious waste is defined as waste originating from the diagnosis and treatment of people. There are five (5) broad categories of infectious waste recognized by the Centers for Disease Control (CDC): microbiological, blood and blood products, pathological, sharps, and isolation waste. Examples of each of these types include, but are not necessarily limited to, the following:

(1) Microbiological - wastes generated in laboratories processing bacterial, fungal, mycobacterial, or viral materials, such as media-containing plates, tubes, or diagnostic strips; swabs; glass slides; pipettes. Live virus vaccines (including smallpox, yellow fever, rubella, measles, mumps, polio, and adenovirus) and any of the associated equipment for their use also fall into this classification.

(2) Blood and blood products - wastes generated in the collection processing, and use of blood and blood products; tubes for diagnostic blood collection; items and materials contaminated with blood or blood products that are not designed for cleaning, resterilization, and reuse.

(3) Pathological - pathologic specimens, body tissues, contaminated disposable instruments, and laboratory waste generated in the performance of medical treatment procedures and diagnostic laboratory testing.

(4) Sharps - any diagnostic or therapeutic item possessing a surface capable of piercing human skin, not designed for cleaning, resterilization, and reuse. Examples would include needles for injections, preparation of intravenous medicinals, indwelling cannulae, and diagnostic testing (e.g., lumbar puncture, thoracentesis, paracentesis, etc.) scalpels; and other disposable instruments with a surface capable of piercing human skin.

(5) Isolation waste - wastes generated in the therapy of patients on isolation precautions. Examples would include gowns; gloves; masks; head covers; dressings; disposables basins; paper towels used in isolation rooms; and other such items and materials used in the care of isolation patients that are not designed for cleaning, resterilization, and reuse.

(b) Fomites - an object or item that is not of itself harmful, but may harbor pathogenic microorganisms and serve as a vehicle in the transmission of infections. Examples would include but are not limited to bedding, linen, cloth towels and washrags, diagnostic medical instruments (e.g., stethoscopes, sphygmomanometers, thermometers), and personal items (e.g., razors, toothbrushes, toiletries).

(c) Hazardous waste - any wastes, or combination of wastes, which because of its quantity, concentration, physical or chemical properties may pose a substantial present or potential threat to human health or the environment when improperly treated, stored, transported, disposed of or otherwise managed.

(d) Infectious hazardous waste - any combination of materials and agents that meet the definitions described in 2-4.a. and 2-4.c. above. These wastes will typically be generated in the laboratory when organic pathogens are combined with hazardous chemicals or reagents.

(e) Non-infectious waste - waste generated from non-clinical spaces and waste from patients and their related procedures, where no infection or contagious disease exists.

(f) Storage - the holding of infectious hazardous waste for a temporary period, at the end of which the waste is treated, disposed of, or stored elsewhere.

(g) Treatment - any method, technique, or process designed to change the chemical, physical, or biological characteristics of any infectious hazardous waste so as to render such waste nonhazardous, or less hazardous or safer for transportation, storage or disposal.

(h) Autoclave - an apparatus using steam under pressure for sterilizing medical equipment.

C. EQUIPMENT, SUPPLIES, AND FORMS REQUIRED: N/A.

D. CRITERIA:

Hazardous waste is properly handled and disposed.

E. STEPS:

1. Handling.

(a) Infectious and infectious hazardous waste.

(1) Ward and laboratory personnel shall utilize personal protective clothing and procedures which would normally be practiced in a traditional health care setting for the control of the spread of disease.

(2) Personnel shall wear disposable gloves, gowns, and shoe and hair covers.

(3) Patient contact and laboratory areas will utilize clearly marked, impervious, containers for the

disposal of all sharps. When full, the sharps container shall be securely closed with autoclave tape.

(4) Patient areas will utilize clearly marked containers lined with double plastic bags, the outer bag being an orange autoclavable "biological hazard" bag. These containers will be separate from non-infectious "trash" containers. When full, the inner bag will be sealed with autoclave tape. The outer bag will be sealed with filament reinforced tape and autoclave tape.

(b) Hazardous waste.

(1) Protective equipment, as described in DHHS (NIOSH) Publication No. 81-123 (see Appendix A), will be utilized by personnel handling hazardous waste.

(2) All hazardous waste will be containerized. Ideally, in the original container or containers designed for the collection of such wastes such as those provided with automated laboratory equipment.

(3) Containerized and transporting to storage areas will be accomplished by the waste generator (i.e., lab, x-ray, public works, etc.).

2. Transport and storage.

(a) Infectious waste.

(1) Ward personnel will deliver properly sealed sharps containers and double bagged infectious waste, to the laboratory temporary holding area, on a regularly scheduled basis. Ideally, this area will be one of low traffic and prohibitive to patient care, smoking, eating, and food or medicinal handling.

(2) Ideally, ward personnel will store and transport multiple bags of infectious waste in large, covered containers (i.e., "GI" cans with tight fitting lids). These containers shall be scrubbed with a germicidal solution at least once per shift or more often if grossly contaminated.

(3) Laboratory personnel will handle and routinely autoclave waste under steam pressure for a minimum of fifteen (15) minutes. After proper autoclaving, these wastes may be handled as noninfectious depending on host nation requirements.

(b) Hazardous waste.

(1) As noted in paragraphs 3-1 b.2, hazardous

waste will be stored in their original containers or those designed for collection of such wastes.

(2) Waste generating personnel will containerize waste according to its chemical grouping such as lubricants, fuels, acids, alkalines, chlorinated hydrocarbons, etc. Containers will be tightly sealed and labeled.

(3) Storage areas will be at least 100 yards from the hospital compound and actual or potential potable water sources. Ideally, these areas will be elevated with natural drainage away from the hospital and water sources. Waste containers should be protected from the elements and the area clearly marked as "Hazardous Waste Storage."

3. Disposal.

(a) General. It must be understood that, in an operational situation, the methods of waste disposal range from ideal to undesirable. The following disposal methods are intended to guide the hospital command towards utilization of the best disposal method for any given situation.

(1) Host Nation Agreement - Under the Status of Forces Agreement the cognizant Commander-in-Chief (CINC) will negotiate with the host country for disposal services.

(2) The cognizant CINC will provide disposal services utilizing established logistical support channels within the theater of operations such as the Supply Battalion of the Force Service Support Group, or supply ships.

(b) Methods. In the absence of the preferred, above mentioned disposal methods, the following may be utilized.

(1) Nonhazardous/noninfectious waste (including properly autoclaved infectious waste).

a Burial in a pit as deep as organic equipment will allow and covered with at least two feet of earth. Burial pits should be at least 100 yards from the hospital compound and potable water sources.

b Burning by mixing with fuel oil until only ash remains. Ash should then be buried as above. Tactical consideration must be given to open burning as smoke may give away the hospitals location.

(2) Hazardous waste.

a Laboratory chemical waste which contains infectious, organic matter, is to be treated as hazardous as autoclaving of liquids in closed containers is not authorized.

b Burial in sealed, marked containers, as deep as organic equipment will permit. Burial sites should be lined with plastic sheeting, covered with at least four feet of earth and conspicuously marked. Sites should be at least 100 yards from the hospital compound and potable water sources.

F. RESPONSIBILITY:

1. The Commanding Officer is responsible for ensuring the proper management of the overall infectious and hazardous waste program and to interface with the host nation to ensure local regulations are satisfied.

2. Nursing Service via the clinical staff is responsible for the handling of all wastes generated in clinical spaces. This includes ensuring that adequate supplies of hampers, bags, tapes, sharps containers, and protective clothing are maintained in these spaces.

3. Laboratory Service is responsible for handling hazardous infectious wastes once it is delivered to or generated by the laboratory. The service is also responsible for proper autoclaving of such wastes to render it free from pathogens.

4. Surgical Service is responsible for handling wastes generated within the operating room giving special attention to surgically removed human tissue.

5. Operating Management is responsible for the removal of waste from the central collection points, including the laboratory, and delivery to the designated pickup area such as the "back loading dock."

6. Public Works Department is responsible for the removal of wastes from the hospital compound and ensuring its proper disposal as outlined in this SOP.

TAB D
STANDARDS AND JOB DESCRIPTIONS
INDEX

<u>NUMBER</u>	<u>TITLE</u>	<u>PAGE</u>
D-1	Laundry Supervisor	22
D-2	Laundry Worker (E-4)	23
D-3	Laundry Worker (E-3)	24
D-4	Linen Control Clerk	25

TAB D-1

LAUNDRY SUPERVISOR JOB DESCRIPTION

1. Administer the receipt, processing, and issue of hospital and personal laundry.
2. Ensure proper preventive maintenance is performed on all equipment assigned to the Laundry Division.
3. Ensure all laundry spaces are maintained in a sanitary and safe condition.
4. Operate one of the three laundry units.
5. Supervise and direct training for all assigned personnel.
6. As directed, implement the watch, quarter, and station bill.

TAB D-2

LAUNDRY WORKER (E-4) JOB DESCRIPTION

1. Receive, sort, and process laundry as directed by the Laundry Supervisor.
2. Maintain equipment and spaces in a safe, sanitary manner.
3. Supervise and assist in training lower rated personnel.
4. Inventory and requisition consumable supplies.
5. Maintain Laundry Work Log and Equipment Maintenance Logs.
6. Implement the watch, quarter, and station bill.

TAB D-3

LAUNDRY WORKER (E-3) JOB DESCRIPTION

1. Receive, sort, and process hospital and personal laundry as directed.
2. Perform preventive maintenance on equipment as required.
3. Maintain work spaces in a clean, sanitary manner.
4. Implement the watch, quarter, and station bill.

TAB D-4

LINEN CONTROL CLERK JOB DESCRIPTION

1. Pick-up patient clothing, soiled and contaminated linen/laundry from hospital wards and deliver it to the laundry area.
2. Receive requests for next day and emergency requirements for linen from each ward.
3. Inventory all clean hospital linen within the laundry spaces daily.
4. Make up issues of linen for wards as directed.
5. Deliver linen and return patient clothing to the wards daily.
6. Prepare requisitions for damaged or lost linen.
7. Assist as necessary in processing laundry.
8. Implement the watch, quarter, and station bill.

TAB E
REFERENCES

<u>NUMBER</u>	<u>TITLE</u>
E-1	SHIP'S SERVICEMAN 3&2 RATE TRAINING MANUAL NAVEDTRA 414-01-45-81
E-2	Department of the Army Publication, FM 10-280 (w/changes), Field Laundry, Clothing Exchange, and Bath Operations
E-3	NAVSUP P-487 SHIP'S STORE AFLOAT

TAB F
FORMS INDEX

<u>NUMBER</u>	<u>FORM NUMBER</u>	<u>FORM TITLE</u>	<u>PAGE</u>
F-1	FHCZ 1301	Request for Clean Linen/ Laundry	28
F-2		Laundry Work Log	29
F-3		Equipment Maintenance Log	30
F-4	NAVSUP 1250-1	7 Part Consumption/ Requisition Document	
F-5	DD 599	Patient's Effects Storage Tag	
F-6	NAVMED 6010/8	Patient's Valuables Envelope	

TAB F-1

REQUEST FOR CLEAN LINEN/LAUNDRY

FHCZ 1301

DATE_____

ITEM #	DESCRIPTION	QTY
--------	-------------	-----

1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

REQUESTED BY:_____	ISSUED BY:_____
APPROVED BY:_____	RECEIVED BY:_____

LAUNDRY WORK LOG

31

TAB F-3
EQUIPMENT MAINTENANCE LOG
LEFT FACING PAGE

Equipment: _____

Date Out of Commission	Date In Commission	Down Time (Hours)	Reason Down

TAB F-3
EQUIPMENT MAINTENANCE LOG
RIGHT FACING PAGE

Repair Parts Required	Repairman
—	